24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	LIVI EXI EN	DITORIES		PAGE 1 OF 4 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full) National Nurses United for Patient	Drotootion		FEC I	DENTIFICATION NUMBER ▼	
National Nurses Officed for Patient	Protection		C	C00490375	
Check if X 24-hour report 48-hour report New report Amends report filed on					
Full Name of Payee Postal Systems, Inc.			Date of Publ	ic Distribution/Dissemination	
			02	12 / 2016	
Mailing Address 1890 North Blvd.			Amount		
City	State	Zip Code		43316.75	
San Leandro	CA	94577		ID: D710142 ursement or Obligation	
Purpose of Expenditure Printing		Category/ Type	02	/ 08 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Name of Federal Candidate		Support	Office Sought:	House District: 00	
BERNARD SANDERS		Oppose	X President	Senate State: IL	
Calendar Year-To-Date Per Election for Office Sought	.,	58395.95	Disbursement For: 2016 Other (s	✓ Primary General	
Full Name of Payee			Date of Publ	lic Distribution/Dissemination	
Alliance Graphics			02	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address 1101 8th Street			Amount		
City	State	Zip Code		19637.31	
Berkeley	CA	94710	Transaction I Date of Disb	D: D710143 oursement or Obligation	
Purpose of Expenditure Printing		Category/ Type	02	09 / 2016	
Name of Federal Candidate		X Support	Office Sought:	House District:00	
Bernie Sanders		Oppose	President	Senate State: DC	
Calendar Year-To-Date Per Election for Office Sought		40555.40	Disbursement For: 2016 Other (s	Primary General pecify) ►	
(a) SUBTOTAL of Itemized Independent Expend	itures		. •	62954.06	
(b) SUBTOTAL of Unitemized Independent Expe	enditures		• •	79	
(c) TOTAL Independent Expenditures			•	7	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Martha Kuhl Signature	[Electr	onically Filed] Date	9 02 / 12	2016	
•					

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
National Nurses United for Patient Protection	C C00490375
Check if 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
	e of Public Distribution/Dissemination
Autumn Press	02 12 2016
Mailing Address 945 Camelia St	ount
City State Zip Code	15079.20
Berkeley CA 94710-1437 Trail	nsaction ID : D710144 e of Disbursement or Obligation
Purpose of Expenditure Printing Category/ Type	02 10 2016
Name of Federal Candidate Support Office Sou	ght: House District: 00
BERNARD SANDERS Oppose Pres	
Calendar Year-To-Date Per Election for Office Sought Disbursem 2016	ent For:
Full Name of Payee Dat	e of Public Distribution/Dissemination
California Nurses Association	01 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2000 Franklin Street Am	ount
City State Zip Code	3935.43
	saction ID: D710145 e of Disbursement or Obligation
Purpose of Expenditure Printing Category/ Type	02 / 12 / 2016
Name of Federal Candidate Support Office Sou	ight: House District: 00
Bernie Sanders Oppose Pres	sident Senate State: DC
Calendar Year-To-Date Per Election for Office Sought Disbursem 2016	ent For: X Primary General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	19014.63
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	7 7 7
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (party committee) any political party committee or its agent.	
Martha Kuhl [Electronically Filed] Date 02	/ 12 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

PAGE

OF

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)		DITOTILO		PAGE 3 OF 4 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full) National Nurses United for Patient	Protoction		FEC I	DENTIFICATION NUMBER ▼	
National Nurses Officed for Patient	Protection		C	C00490375	
Check if 24-hour report 48-hour report New report Amends report filed on					
Full Name of Payee California Nurses Association			Date of Publ	lic Distribution/Dissemination	
Mailing Address 2000 Franklin Street			Amount	12 2016	
City	State	Zip Code		12082.66	
Oakland	CA	94612		ID: D710146 bursement or Obligation	
Purpose of Expenditure Printing		Category/ Type	02	12 2016	
Name of Federal Candidate		Support	Office Sought:	House District: 00	
Bernie Sanders		Oppose	President	Senate State: DC	
Calendar Year-To-Date Per Election for Office Sought		40555.40	Disbursement For: 2016 Other (s	Primary General	
Full Name of Payee California Nurses Association			Date of Pub	lic Distribution/Dissemination	
Marife and Address a			02	11 2016	
Mailing Address 2000 Franklin Street			Amount		
City	State	Zip Code		100.00	
Oakland	CA	94612	Transaction Date of Disk	ID: D710147 oursement or Obligation	
Purpose of Expenditure Online Ad		Category/ Type	02	12 / 2016	
Name of Federal Candidate		X Support	Office Sought:	House District:00	
Bernie Sanders		Oppose	X President	Senate State: DC	
Calendar Year-To-Date Per Election for Office Sought		40555.40	Disbursement For: 2016 Other (s	Primary General specify) ▶	
(a) SUBTOTAL of Itemized Independent Expend	itures			12182.66	
(b) SUBTOTAL of Unitemized Independent Expe	nditurae				
(b) SOBTOTAL OF OFFICE INTERPRETATION LANGE	nultures		. •	4	
(c) TOTAL Independent Expenditures			•	79.	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Martha Kuhl	[Electro	onically Filed] Date	02 12	2016	
Signature					

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	TI OTILO	PAGE 4 OF 4 FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼		
National Nurses Officed for Patient Protection	C C00490375			
Check if 24-hour report 48-hour report New re	port Amends repor	t filed on		
Full Name of Payee Michael Konopacki		Date of Public Distribution/Dissemination		
Mailing Address PO Box 1917		02 02 2016 Amount		
City State Madison WI	Zip Code	600.00		
	53701-1917	Transaction ID : D710149 Date of Disbursement or Obligation		
Purpose of Expenditure Cartoon	Category/ Type	02 / 12 / 2016		
Name of Federal Candidate	Support	Office Sought: House District:00		
Bernie Sanders	Oppose	President Senate State: DC		
Calendar Year-To-Date Per Election for Office Sought		Disbursement For:		
Full Name of Payee		Date of Public Distribution/Dissemination		
Erin L FitzGerald		02 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Mailing Address 1028 Florida Street		Amount		
City State	Zip Code	4200.00		
Vallejo CA	94590	Transaction ID : D710150 Date of Disbursement or Obligation		
Purpose of Expenditure Video Production	Category/ Type	02 12 7 2016		
Name of Federal Candidate	X Support	Office Sought: House District: 00		
Bernie Sanders	Oppose	President Senate State: DC		
Calendar Year-To-Date Per Election for Office Sought	40555.40	Disbursement For:		
	<u> </u>	Canada (openany)		
(a) SUBTOTAL of Itemized Independent Expenditures		4800.00		
(b) SUBTOTAL of Unitemized Independent Expenditures		•		
(c) TOTAL Independent Expenditures		98951.35		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
	nically Filed] Date	02 12 2016		
Signature				